



# Quarterly Financial Review (March '12) Office of Medicaid Policy & Planning

Office of Medicaid Policy & Planning  
Pat Casanova  
Director

Unit Directors:  
Natalie Angel  
Jeane Maitland  
Leslie Melton

Unit Directors:  
Kristina Moorhead  
Pat Nolting  
Anthony Pelezo





# Medicaid Administration Program Summary March 2012

## Expenditures

.1 Personal Services  
.2 Utilities Expenses  
.3 External Services Expense  
.4 Supplies Materials Parts  
.5 Capital  
.7 Grant Expense  
.8 Social Service Payments  
.9 Administrative Expense  
ID Bills  
Total Expenditures

Current Month Actual	SFY Year To Date		Variance	SFY		
	Actual	Budget		Forecast	Budget	Variance
1,129,770	5,653,851	7,049,000	1,395,149	7,800,000	9,500,000	1,700,000
-	-	157,945	157,945	210,977	210,977	-
15,074,690	87,506,835	108,679,804	21,172,969	138,106,385	145,170,833	7,064,448
828	15,147	37,432	22,285	20,000	50,000	30,000
-	10	56,148	56,138	40,000	75,000	35,000
192,980	4,024,517	4,127,103	102,586	5,512,846	5,512,846	-
228,974	2,106,545	1,497,268	(609,277)	2,200,000	2,000,000	(200,000)
1,417	224,559	260,507	35,948	275,000	275,000	-
37,004	234,376	442,716	208,340	391,365	591,365	200,000
<b>16,665,663</b>	<b>99,765,840</b>	<b>122,307,923</b>	<b>22,542,083</b>	<b>154,556,573</b>	<b>163,386,021</b>	<b>8,829,448</b>

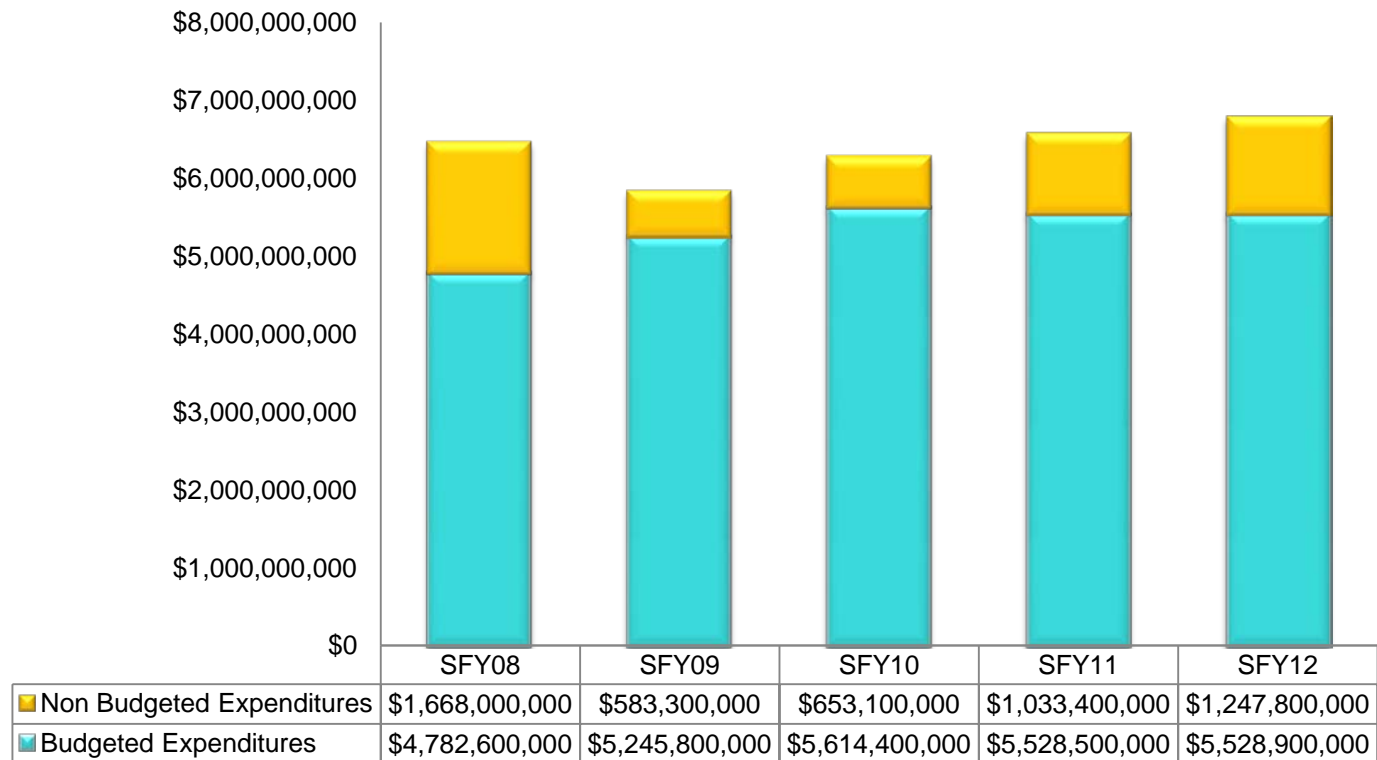
## Expenditures

State Funds  
Federal Funds  
Dedicated Funds  
Total Expenditures

Current Month Actual	SFY Year To Date		Variance	SFY		
	Actual	Budget		Forecast	Budget	Variance
5,246,101	35,275,389	38,154,134	2,878,745	47,157,154	51,127,808	2,737,129
11,419,562	64,490,451	84,153,789	19,663,338	107,399,419	112,258,213	6,092,319
-	-	-	-	-	-	-
<b>16,665,663</b>	<b>99,765,840</b>	<b>122,307,923</b>	<b>22,542,083</b>	<b>154,556,573</b>	<b>163,386,021</b>	<b>8,829,448</b>



# Total Medicaid Expenditures Year Over Year Comparison

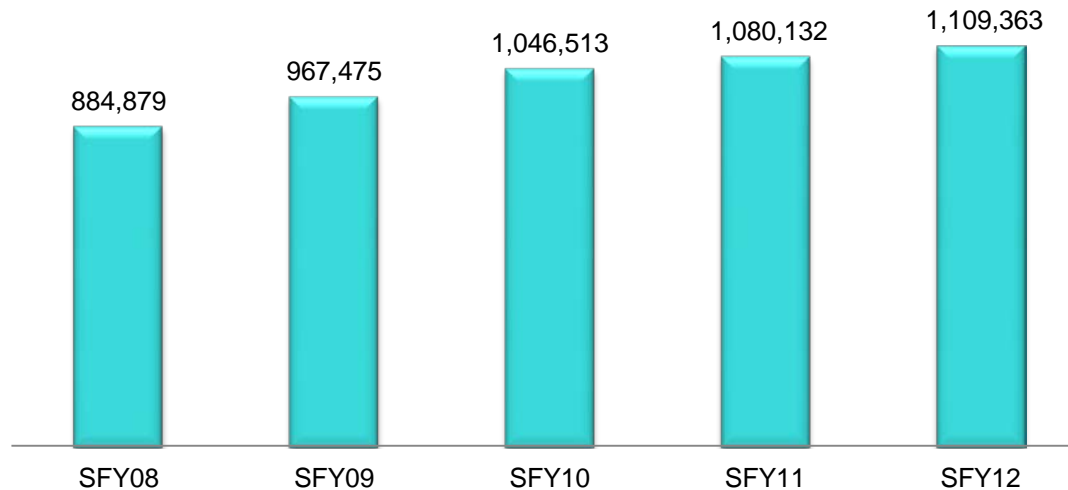




# Total Medicaid Enrollment

## Year Over Year Comparison

### Enrollment



Year/Year	% Change
SFY 2008 - SFY 2009	9.3%
SFY 2008 - SFY 2010	8.2%
SFY 2008 - SFY 2011	3.2%
SFY 2008 - SFY 2012	2.7%

\*2012 enrollment is forecasted enrollment.



# July 2011- March 2012 Variance Analysis

## DETAIL SUMMARY - VARIANCES

Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Explanation
Hospice	48,212,209	47,882,865	(329,343)	Unfavorable variance attributable to the following: *Higher enrollment than budgeted *Higher utilization than budgeted
Aged and Disabled Waiver	89,569,319	93,603,431	4,034,112	Favorable variance attributable to the following: *Lower enrollment than budgeted *Cost per enrollee lower than budgeted
Autism Waiver	14,728,589	13,884,821	(843,767)	Unfavorable variance attributable to the following: *Higher utilization than budgeted across every service category for this waiver excluding Residential Habilitation and "Other Waiver Services"
Developmental Disabled Waiver	317,830,994	328,298,960	10,467,967	Favorable variance attributable to the following: *Lower enrollment than budgeted *Cost per enrollee lower than budgeted
Managed Care Capitation Payments	625,506,196	619,296,023	(6,210,173)	Unfavorable variance attributable to the following: *Through June, cap payments were paid at Jan 2011 rates.
HIP ESP Expenditures	26,273,610	17,061,128	(9,212,482)	Unfavorable variance due to ESP transfer payments of \$7.6 million that were made during October 2011, which is significantly larger than budgeted.
Inpatient Hospital	285,783,561	305,936,852	20,153,291	Favorable variance attributable to lower utilization than budgeted, primarily with the Non-Duals population, where there is a \$13 million favorable variance.



# July 2011- March 2012 Variance Analysis

## DETAIL SUMMARY - VARIANCES

Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Explanation
Rehabilitation Facility	4,542,085	7,866,008	3,323,924	Favorable Variance due primarily to payment timing. *2 providers account for 95% of expenditures. During the month of September 2011, the larger of the two providers billed 1/10th of their normal billing. The larger provider, Center for Comprehensive Services, billed an average of over \$500,000 per month during SFY 2011, but billed only \$47,000 in September 2011.
Physician Services	99,188,324	108,287,732	9,099,408	Favorable variance attributable to lower cost per enrollee or per visit than budgeted, primarily in the Care Select and Non Dual population.
Lab and Radiology Services	22,814,756	25,349,921	2,535,165	Favorable variance due to lower utilization than budgeted primarily in the Care Select population.
Clinic Services	43,547,298	50,729,899	7,182,601	Favorable variance attributable to the following: *Lower utilization than budgeted. *Decline in the number of office visits. *Decline in the number of clinic services per recipient.
DME/Prosthetics	36,547,246	41,790,378	5,243,132	Favorable variance, in large part, is attributable to rate reductions.
Medical Supplies	35,752,897	40,827,735	5,074,838	Favorable variance attributable primarily to larger than budgeted expenditures in certain manual expenditures. *Infusion supplies without pump expenditures declined by more than 50%
Other Non-Hospital	22,662,359	26,228,904	3,566,545	Favorable variance due primarily to lower utilization than budgeted. *This category includes Freestanding Dialysis, Vision, School Services, and Other. Freestanding dialysis expenditures experienced the largest decline relative to SFY 2011, primarily in the Duals population (half the favorable variance).



# July 2011- March 2012 Variance Analysis

## DETAIL SUMMARY - VARIANCES

Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Explanation
Prescribed Drugs	505,776,201	511,200,796	5,424,595	Favorable variance attributable to lower cost per recipient. Additionally, utilization growth is lower than enrollment growth.
Dental Services	137,672,438	138,797,614	1,125,175	Favorable variance attributable to the following: *Lower enrollment than budget *Lower utilization than budgeted
Home Health Services	156,842,803	148,916,350	(7,926,453)	Variance attributable to the following: *Rapid recipient growth by waiver recipients. *Higher utilization than budgeted. *Increased cost per service than budgeted.
Pharmacy Rebates	(297,245,169)	(215,702,631)	81,542,538	Pharmacy rebates were budgeted as 40% of pharmacy expenditures. Current trends indicate that rebates are coming in at a higher rate than budgeted.
QAF Taxes	(79,227,175)	(114,628,469)	(35,401,294)	Variance due primarily to QAF Maximization and Administrative Component

## Total Medicaid – Division Summary

March– 12  
4 **Payment Days** in Month  
(Values Illustrated in Thousands)

### Expenditures

Division of Aging

DMHA

DDRS

Adult and Child Services

Other OMPP Populations

Other OMPP Expenditures and Collections

Total – Budgeted Expenditures

Non-Budgeted Expenditures

Total - Expenditures

### Per Enrollee

Estimated Enrollees

Total Cost per Enrollee per Month

	Current Month Actual	SFY 2012 Year to Date Actual Spent Budget		Variance	SFY 2012 Year to Date Forecast Budget		Variance
Division of Aging	119,795	1,145,349	1,199,658	54,309	1,643,301	1,629,637	(13,664)
DMHA	26,165	229,560	244,607	15,047	313,528	332,434	18,906
DDRS	74,670	637,448	649,422	11,974	866,602	875,283	8,681
Adult and Child Services	162,453	1,373,667	1,381,466	7,799	1,869,872	1,902,587	32,716
Other OMPP Populations	88,486	797,333	846,892	49,559	1,096,075	1,152,757	56,682
Other OMPP Expenditures and Collections	2,070	(181,645)	(114,451)	67,195	(260,508)	(149,948)	110,561
Total – Budgeted Expenditures	473,638	4,001,711	4,207,594	205,883	5,528,870	5,742,751	213,881
Non-Budgeted Expenditures	81,035	693,712			1,247,835	1,235,626	
Total - Expenditures	554,673	4,695,423	4,207,594		6,776,705	6,978,377	
Estimated Enrollees	1,094,885	1,089,197	1,104,217	15,020	1,100,834	1,111,599	10,765
Total Cost per Enrollee per Month	\$433	\$408	\$423	\$15	\$419	\$431	\$12

\*The QFR does not represent state appropriation bottom line. It also does not include IGT, DSH, UPL, CMS repayments for audit findings or manual checks.



# Total Medicaid – Detail Summary

March– 12  
4 Payment Days in Month

	Current Month Actual	SFY 2012 Year to Date Actual Spent Budget		Variance	SFY 2012 Year to Date Forecast Budget		Variance
<b>Expenditures</b>							
<b>Division Program Services</b>							
Nursing Facility	80,659,687	816,658,155	857,728,318	41,070,163	1,192,630,467	1,162,757,157	(29,873,310)
Hospice	4,950,061	48,212,209	47,882,865	(329,343)	67,024,977	64,266,292	(2,758,685)
<b>Waiver Services</b>							
Aged and Disabled Waiver	9,859,026	89,569,319	93,603,431	4,034,112	122,694,742	127,664,347	4,969,605
MFP Demonstration Project	473,755	3,257,197	3,502,863	245,666	4,617,333	5,013,367	396,034
TBI	359,470	3,340,055	3,353,462	13,407	4,863,395	4,495,404	(367,992)
Autism	1,759,017	14,728,589	13,884,821	(843,767)	20,391,362	18,757,779	(1,633,584)
Support Services	3,257,830	29,035,314	29,764,013	728,698	39,641,636	40,204,544	562,907
DD Waiver	38,701,837	317,830,994	328,298,960	10,467,967	432,131,422	441,898,011	9,766,589
<b>Subtotal – Waiver Services</b>	<b>54,410,934</b>	<b>457,761,468</b>	<b>472,407,550</b>	<b>14,646,082</b>	<b>624,339,891</b>	<b>638,033,451</b>	<b>13,693,560</b>
<b>ARCH – Aging and MRO</b>	(8)	2,819	27,273	24,455	2,819	27,273	24,455
<b>ICF/MR</b>							
Small Group Homes	22,100,702	200,903,398	202,497,554	1,594,156	270,391,908	271,076,032	684,124
Large Private Facilities	1,402,182	13,743,541	15,139,102	1,395,561	20,883,598	22,192,267	1,308,669
State ICF/MR	338,578	3,360,388	2,696,474	(663,914)	4,256,193	3,593,854	(662,339)
<b>Inpatient Psychiatric</b>	3,171,349	23,970,673	26,098,515	2,127,842	32,773,492	35,069,356	2,295,864
<b>Mental Health Rehabilitation</b>							
RBMC	6,089,647	50,023,067	47,308,988	(2,714,079)	67,371,842	64,010,330	(3,361,512)
Traditional	10,771,354	98,748,952	106,115,779	7,366,827	135,567,031	144,434,319	8,867,289
<b>Other Mental Health Services</b>	2,235,469	20,238,688	23,076,471	2,837,783	28,114,331	31,571,308	3,456,976
<b>PRTF Facility</b>	2,265,028	22,269,170	26,211,011	3,941,840	29,890,131	35,075,812	5,185,681
<b>CA -PRTF</b>	1,029,928	9,591,934	10,769,468	1,177,535	13,345,151	15,295,329	1,950,178

# Total Medicaid – Detail Summary

March– 12  
4 Payment Days in Month

## Expenditures

### Managed Care Capitation Payments

Adult	19,199,465	154,518,121	156,009,935	1,491,814	217,824,319	216,929,596	(894,723)
Children	50,589,697	403,413,833	394,404,675	(9,009,158)	540,777,709	548,720,258	7,942,549
Mothers	3,080,675	24,374,175	24,920,144	545,969	33,956,027	34,658,528	702,500
CHIP	5,362,498	43,200,067	43,961,269	761,202	58,948,250	61,183,148	2,234,898

### Managed Care Kick Payments

Adult	2,784,718	20,152,095	18,973,957	(1,178,138)	28,541,322	26,382,315	(2,159,007)
Children	514,327	4,346,128	4,744,587	398,460	6,138,871	6,588,031	449,159
Mothers	6,092,793	47,046,265	48,842,795	1,796,530	65,839,055	67,845,454	2,006,398
CHIP	62,304	521,569	676,361	154,792	738,569	935,475	196,905

### Healthy Indiana Plan

HIP Capitation Payments	10,799,004	101,834,047	111,963,336	10,129,289	139,821,289	151,242,452	11,421,163
HIP POWER Accounts	3,013,297	22,730,816	29,421,568	6,690,752	30,842,689	38,555,204	7,712,515
HIP Pharmacy/Supplies	5,379,128	50,330,174	53,978,626	3,648,452	70,681,879	75,050,442	4,368,564
HIP ESP Expenditures	3,684,861	26,273,610	17,061,128	(9,212,482)	31,903,244	23,529,428	(8,373,816)
HIP Stop Loss Payments	0	12,649,731	12,649,731	0	21,399,731	21,399,731	0

### PCCM/CMO Fees

	475,638	4,593,126	5,746,578	1,153,451	6,319,254	7,753,984	1,434,729
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### State Plan Services

#### Hospital Services

Inpatient Hospital	31,915,706	285,783,561	305,936,852	20,153,291	395,089,392	414,924,200	19,834,808
Outpatient Hospital	12,138,280	105,873,011	106,351,020	478,008	143,925,437	144,419,279	493,842
Rehabilitation Facility	498,757	4,542,085	7,866,008	3,323,924	6,885,897	10,470,987	3,585,090

# Total Medicaid – Detail Summary

March – 12  
4 Payment Days in Month

## Expenditures

### State Plan Services

#### Non-Hospital Services

	Current Month Actual	SFY 2012 Year to Date Actual Spent	Budget	Variance	SFY 2012 Year to Date Forecast	Budget	Variance
Physician Services	11,533,662	99,188,324	108,287,732	9,099,408	136,116,113	147,354,550	11,238,437
Lab and Radiology Services	2,606,348	22,814,756	25,349,921	2,535,165	31,213,290	34,551,633	3,338,344
Other Practitioner Services	481,584	4,135,261	4,744,325	609,064	5,632,427	6,457,764	825,336
Clinic Services	5,040,579	43,547,298	50,729,899	7,182,601	59,509,773	69,028,088	9,518,315
DME/Prosthetics	4,247,472	36,547,246	41,790,378	5,243,132	50,538,554	56,824,640	6,286,086
Medical Supplies							
RBMC	412,120	3,456,636	2,733,246	(723,390)	4,725,193	3,711,350	(1,013,843)
Traditional	3,268,944	32,296,261	38,094,489	5,798,228	45,019,622	52,122,468	7,102,847
Transportation	3,372,653	31,788,146	32,810,566	1,022,420	43,432,799	44,582,845	1,150,046
Other Non-Hospital	2,552,138	22,662,359	26,228,904	3,566,545	30,899,213	36,177,534	5,278,321
Prescribed Drugs							
RBMC	27,254,130	233,372,961	227,886,120	(5,486,841)	311,291,417	309,952,512	(1,338,905)
Traditional	30,135,010	272,403,241	283,314,676	10,911,436	368,305,450	387,517,089	19,211,639
OTC Drugs							
RBMC	196,862	1,846,735	2,032,814	186,078	2,579,211	2,764,658	185,447
Traditional	287,189	3,041,683	3,812,610	770,927	4,388,571	5,190,027	801,456
Dental Services							
RBMC	11,480,662	106,985,454	107,713,090	727,637	145,786,806	145,946,106	159,300
Traditional	3,624,981	30,686,985	31,084,523	397,539	44,368,910	42,434,812	(1,934,097)

# Total Medicaid – Detail Summary

March– 12  
4 Payment Days in Month

## Expenditures

### State Plan Services

Home Health Services	19,621,462	156,842,803	148,916,350	(7,926,453)	213,385,009	203,521,906	(9,863,103)
Targeted Case Management	572	74,319	232,728	158,408	74,319	232,728	158,408
First Steps	435,543	3,998,904	4,814,764	815,860	5,886,900	6,336,532	449,632
Subtotal – State Plan Services	171,104,652	1,501,888,029	1,560,731,016	58,842,987	2,049,054,301	2,124,521,707	75,467,407

### Other Expenditures and Collections

Medicare Buy-In Payments	17,101,845	164,060,788	180,818,642	16,757,854	218,769,618	247,224,557	28,454,940
Part D Clawback Payments	7,540,615	67,687,420	68,752,927	1,065,507	91,731,298	92,986,046	1,254,748
Pharmacy Rebates	(6,134,343)	(297,245,169)	(215,702,631)	81,542,538	(367,749,700)	(290,067,852)	77,681,848
TPL	(1,033,124)	(15,168,044)	(13,077,110)	2,090,935	(20,610,281)	(18,518,889)	2,091,392
CHIP II Premiums	(645,013)	(5,681,248)	(5,380,900)	300,349	(7,573,724)	(7,236,072)	337,653
MedWorks Premiums	(150,513)	(1,355,847)	(1,289,946)	65,900	(1,777,456)	(1,719,928)	57,528
QAF Fees	(12,340,506)	(79,227,175)	(114,628,469)	(35,401,294)	(153,901,772)	(153,891,796)	9,976
ICF/MR Assessment	(2,269,240)	(14,716,009)	(13,943,254)	772,755	(19,396,239)	(18,723,799)	672,440

### Total - Budgeted Expenditures

<b>473,637,691</b>	<b>4,001,710,960</b>	<b>4,207,594,335</b>	<b>205,883,375</b>	<b>5,528,870,085</b>	<b>5,742,750,801</b>	<b>213,880,717</b>
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## Per Enrollee

### Estimated Enrollees

1,094,885	1,089,197	1,104,217	15,020	1,100,834	1,111,599	10,765
\$433	\$408	\$423	\$15	\$419	\$431	\$12

# Total Medicaid – Population Summary

March – 12  
4 Payment Days in Month

## Expenditures

### **Adults and Children – Hoosier Healthwise, Traditional and HIP**

Adult	35,510,079	295,891,689	292,341,467	(3,550,222)	411,631,083	402,638,866	(8,992,216)
Children	87,783,689	726,333,442	715,291,831	(11,041,611)	972,906,918	984,298,146	11,391,228
Mothers	11,802,551	95,849,954	101,090,428	5,240,474	133,142,837	139,502,695	6,359,858
CHIP Programs	11,901,436	101,621,961	104,577,839	2,955,878	138,199,417	143,302,773	5,103,356
Healthy Indiana Plan (HIP)	22,876,290	213,818,377	225,074,389	11,256,012	294,648,832	309,777,258	15,128,425

### **Aged, Blind and Disabled – Non-Dual, Partials, and Traditional**

Care Select	34,365,764	321,059,217	352,628,756	31,569,540	437,786,436	481,091,966	43,305,530
Non-Dual Eligible	88,611,055	764,564,795	798,854,361	34,289,566	1,050,386,528	1,086,722,988	36,336,460
Dual Eligible	59,977,132	505,230,967	522,882,294	17,651,327	691,784,223	708,882,292	17,098,069
Partials	626,876	3,668,375	3,872,231	203,856	4,884,559	5,246,606	362,047

### **Institutionalized Populations**

118,113,104	1,155,314,650	1,205,404,205	50,089,555	1,654,004,688	1,631,207,668	(22,797,020)
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### **ARCH – Aging and MRO**

(8)	2,819	27,273	24,455	2,819	27,273	24,455
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### **Other Expenditures and Collections**

2,069,722	(181,645,285)	(114,450,740)	67,194,545	(260,508,257)	(149,947,732)	110,560,525
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### **Total - Budgeted Expenditures**

473,637,691	4,001,710,960	4,207,594,335	205,883,375	5,528,870,085	5,742,750,801	213,880,717
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## Per Enrollee

Estimated Enrollees	1,094,885	1,089,197	1,104,217	15,020	1,100,834	1,111,599	10,765
Total Cost per Enrollee per Month	\$433	\$408	\$423	\$15	\$419	\$431	\$12

# Total Medicaid – Population Summary

Average Per Member Per Month

March –12

4 Payment Days in Month

## Expenditures

### **Adults and Children – Risk Based Management**

Adult	\$337.99	\$307.32	\$301.57	(\$5.75)	\$317.02	\$310.66	(\$6.36)
Children	\$159.34	\$145.79	\$142.94	(\$2.85)	\$145.33	\$138.41	(\$6.91)
Mothers	\$553.23	\$483.42	\$481.87	(\$1.55)	\$503.28	\$498.22	(\$5.06)
CHIP Programs	\$139.71	\$132.47	\$129.90	(\$2.57)	\$133.60	\$126.17	(\$7.42)

### **Adults and Children – Fee-for -Service**

Adult	\$223.73	\$220.46	\$218.16	(\$2.30)	\$217.19	\$220.38	\$3.19
Children	\$152.20	\$150.84	\$154.05	\$3.21	\$150.94	\$248.40	\$97.45
Mothers	\$179.17	\$189.52	\$210.00	\$20.48	\$191.71	\$213.82	\$22.11
CHIP Programs	\$125.80	\$123.27	\$139.18	\$15.91	\$127.00	\$198.58	\$71.57

### **Adults and Children – Healthy Indiana Plan**

Non-Caretakers	\$636.72	\$781.16	\$784.56	\$3.40	\$776.33	\$781.77	\$5.44
Caretakers	\$408.16	\$409.51	\$408.98	(\$0.53)	\$410.67	\$416.10	\$5.43
ESP	\$2,626.60	\$2,206.02	\$1,444.82	(\$761.20)	\$1,978.51	\$1,464.29	(\$514.23)

### **Aged, Blind and Disabled- Non-Dual, Partials and Traditional**

Care Select	\$964.02	\$9,232.87	\$9,411.99	\$179.12	\$12,440.91	\$12,711.30	\$270.39
Non-Dual Eligible	\$1,310.55	\$11,527.95	\$11,648.66	\$120.71	\$15,549.24	\$15,678.28	\$129.04
Dual-Eligible	\$579.46	\$4,991.03	\$5,076.01	\$84.98	\$6,742.69	\$6,809.36	\$66.67
Partials	\$18.89	\$112.23	\$118.07	\$5.84	\$148.68	\$158.81	\$10.13

### **Institutionalized Populations**

	\$3,405.05	\$33,272.35	\$34,575.49	\$1,303.14	\$47,582.37	\$46,752.78	(\$829.58)
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### **Total - Expenditures**

	\$432.59	\$408.22	\$423.39	\$15.16	\$418.54	\$430.52	\$11.98
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**\*Note: Total Expenditures include ARCH and Other Expenditures and Collections.**

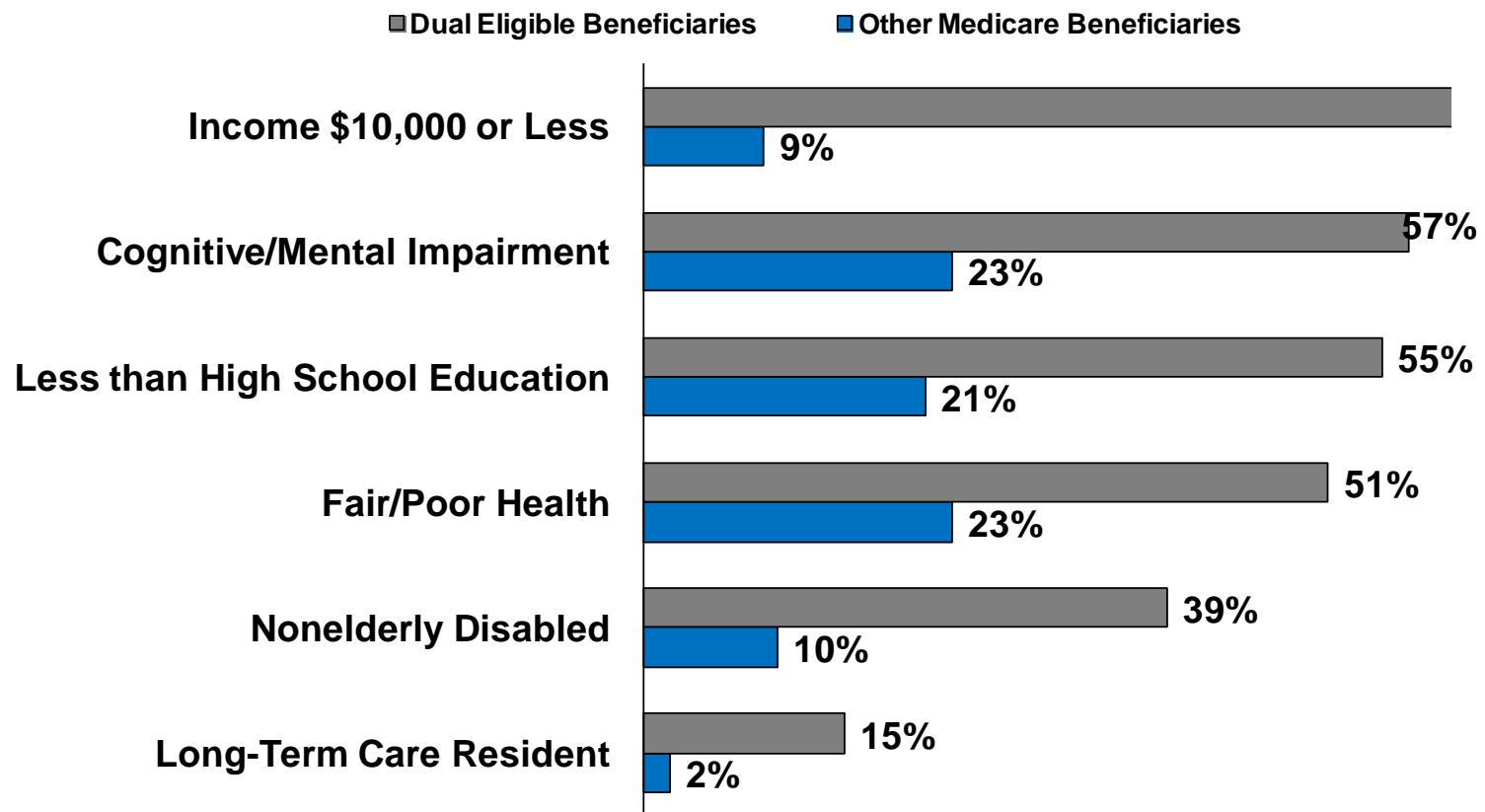


# Who are the Duals?

- 9 million individuals in the U.S. are eligible for both Medicare and Medicaid
- 5.5 million are low-income seniors
- 3.4 million are individuals with disabilities under the age of 65
- 7.1 million are eligible for full Medicaid benefits, whereas, 1.7 million are “partial” duals



## Comparison of Dual Eligible and Other Medicare Beneficiaries, 2006

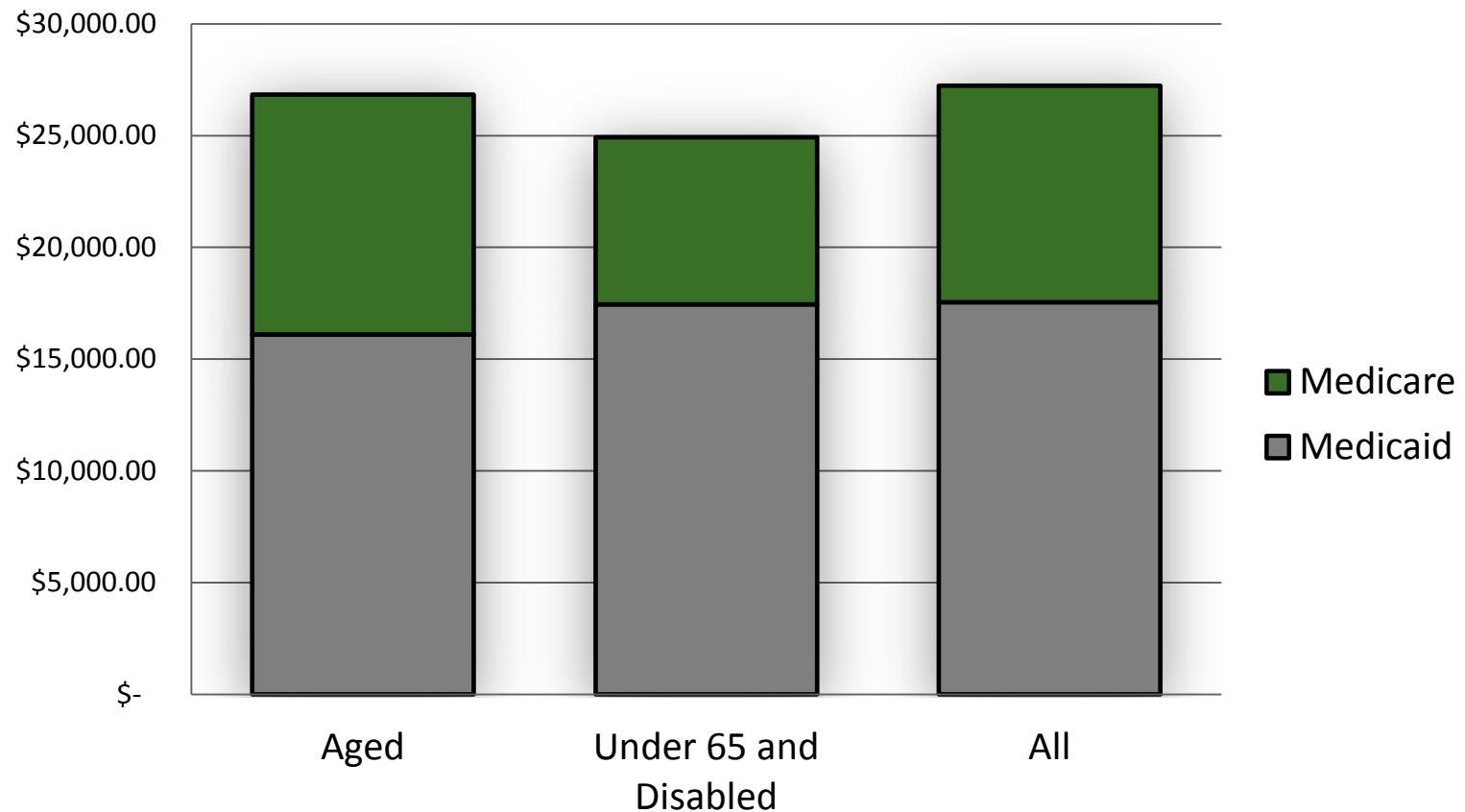


SOURCE: KFF analysis of the Medicare Current Beneficiary Survey 2006 Access to Care File.





## Medicare and Medicaid per Capita Spending on Dual-Eligible Beneficiaries in 2005

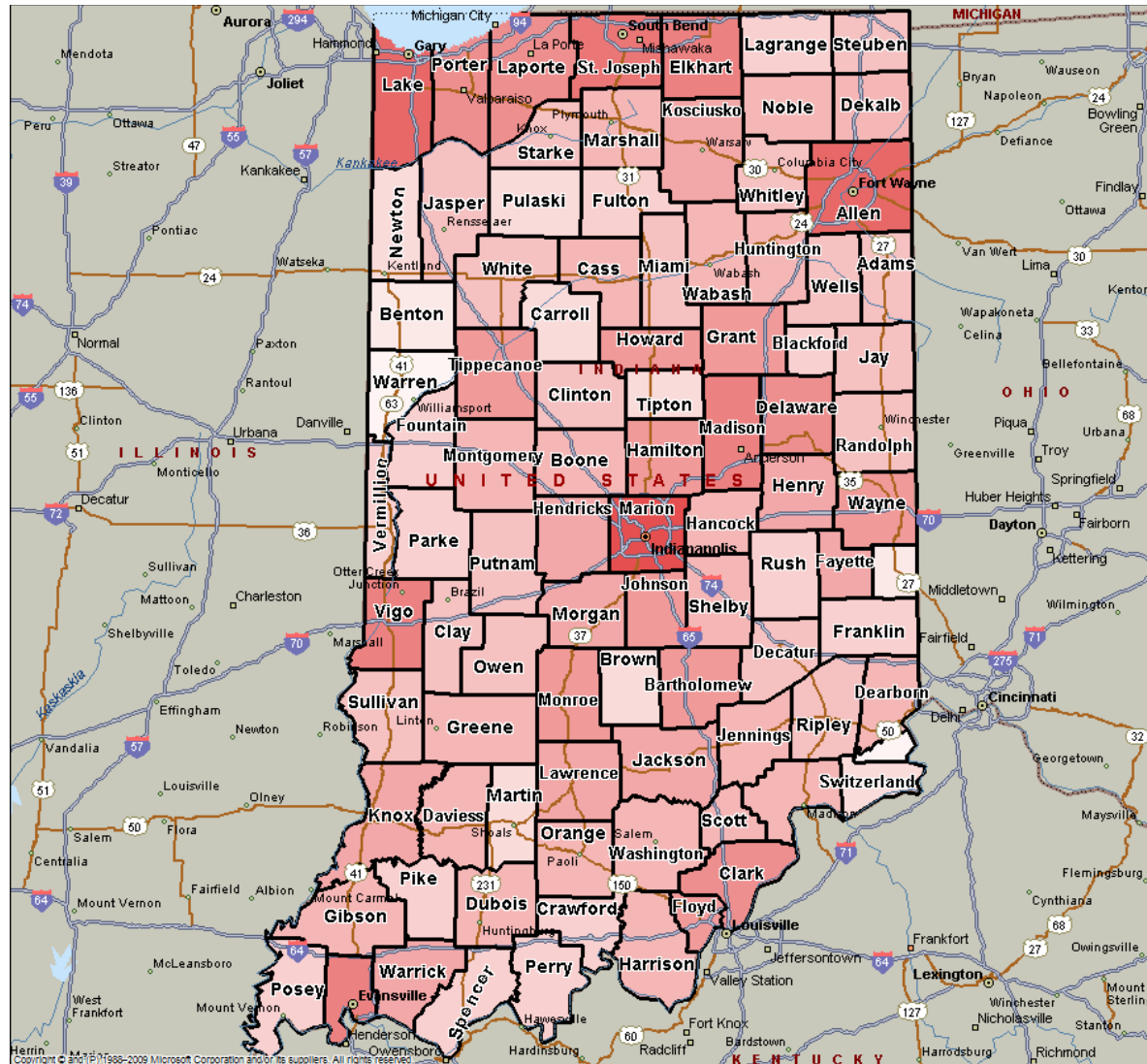
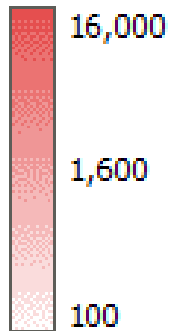




# Members with Medicare and Medicaid

- There are 125,000 full duals in Indiana.
- Currently served on Fee-for-Service (Traditional) Medicaid
- Indiana has not included duals in Hoosier Healthwise or Care Select programs.

## Dual Eligible Enrollees (by County)

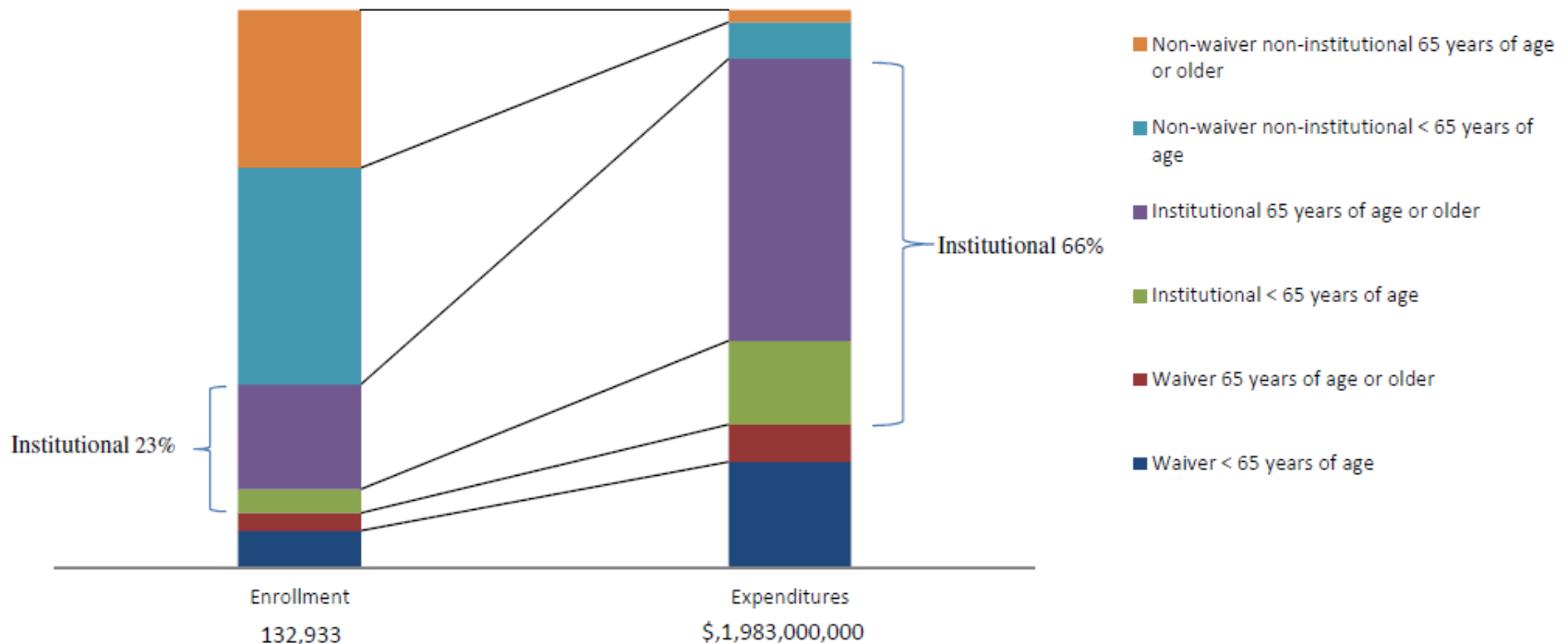


Source: Milliman  
Analysis of Non-HHW  
Population December  
2008 Enrollment



# Indiana Medicaid Duals Eligibles

December 2011 Enrollment and CY 2011 Paid Expenditures



Source: Milliman Analysis of Non-HHW Population December 2011 Enrollment and CY 2011 Dual Eligibles Claims



# State Plan Services Expenditures Dual Population

Services	Actual Spent YTD 2012	Budget FY 2012
<b>State Plan Services</b>		
Hospital Services		
Inpatient Hospital	6,139,799	6,970,542
Outpatient Hospital	4,768,493	4,849,263
Rehabilitation Facility	2,257,411	3,817,696
Non-Hospital Services		
Physician Services	5,347,312	6,813,703
Lab and Radiology Services	834,330	835,624
Other Practitioner Services	640,846	941,725
Clinic Services	4,286,734	5,956,992
DME/Prosthetics	6,005,725	7,881,868
Medical Supplies	9,018,768	12,112,570
Transportation	9,502,256	9,614,656
Other Non-Hospital	2,811,440	4,653,740
Prescribed Drugs	1,458,975	2,771,912
OTC Drugs	331,664	576,514
Dental Services	8,051,696	7,186,667
Home Health Services	77,446,640	70,948,331
Targeted Case Management	13,325	24,674
<b>Sub Total</b>	<b>138,915,414</b>	<b>145,956,477</b>
<b>Mental Health Rehabilitation</b>		
Traditional	49,412,606	52,707,096
<b>Other Mental Health Services</b>	1,928,195	1,821,633
<b>Total with Mental Health</b>	<b>190,256,215</b>	<b>200,485,206</b>



# Waiver Expenditures for Dual Eligible Waiver Recipients

Number of Duals	Waiver	Actual Spent YTD 2012	Budget SFY 2012
5,361	Aged and Disabled Waiver	66,785,303	70,220,246
185	MFP Demonstration Grant	2,791,042	2,812,860
74	TBI	2,110,959	2,236,936
117	Autism	4,117,720	3,677,240
2,196	Support Services	13,694,840	13,678,392
4,807	DD Waiver	219,850,521	224,632,902
<b>12,740</b>		<b>309,350,385</b>	<b>317,258,576</b>



# Designing a Duals Program

- **FSSA Stakeholder Meetings:** internal group with representation from DA, DDRS, DMHA, & OMPP.
- **External Stakeholder Meetings:** broad representation of providers, advocates, dual members.
- **Advisory Council:** will meet quarterly to discuss the program model and implementation.
- Meeting with Duals and their families at CICOA.
- Pace Facility Tour



# Project Timeline

